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PETITIONS OFFICE

PTO/SB/17 (2/98)

Approved for use through 9/30/2000, OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.
These are the fees effective October 1, 1997.

Small Entity payments must be supported by a small entity statement.
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$) 650.00

Complete if Known

Application Number	08/928,074
Filing Date	7/25/00
First Named Inventor	John O'Brien
Examiner Name	Hayes, R.
Group / Art Unit	1647
Attorney Docket No.	24001

METHOD OF PAYMENT (check one)

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
(1)	(1)		

Fee Description

Fee Paid

Deposit
Account
Number
Deposit
Account
Name

☐ Charge Any Additional
Fee Required Under
37 C.F.R. §§ 1.18 and 1.17

☐ Charge the Issue Fee Set in
37 C.F.R. § 1.18 at the Mailing
of the Notice of Allowance

2. ☒ Payment Enclosed:

☒ Check ☐ Money
Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
101	780	201	395	Utility filing fee	
106	330	206	165	Design filing fee	
107	540	207	270	Plant filing fee	
108	790	208	395	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

Total Claims		Extra Claims		Fee from below	Fee Paid
Independent	Multiple Dependent	20**	3**		
				X	
				X	

**or number previously paid, if greater; For Reissues, see below

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
103	22	203	11	Claims in excess of 20
102	82	202	41	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	82	209	41	** Reissue independent claims over original patent
110	22	210	11	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

105	130	205	65	Surcharge - filing fee or oath
127	60	227	25	Surcharge - late provisional filing fee or cover sheet
139	130	139	130	Non-English specification
147	2,520	147	2,520	For filing a request for reexamination
112	920*	112	920*	Requesting publication of SIR prior to Examiner action
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action
115	110	215	55	Extension for reply within first month
116	400	216	200	Extension for reply within second month
117	950	217	475	Extension for reply within third month
118	1,510	218	755	Extension for reply within fourth month
126	2,060	226	1,030	Extension for reply within fifth month
119	310	219	155	Notice of Appeal
120	310	220	155	Filing a brief in support of an appeal
121	270	221	135	Request for oral hearing
138	1,510	138	1,510	Petition to institute a public use proceeding
140	110	240	55	Petition to revive - unavoidable
141	1,320	241	660	Petition to revive - unintentional
142	1,320	242	660	Utility issue fee (or reissue)
143	450	243	225	Design issue fee
144	670	244	335	Plant issue fee
122	130	122	130	Petitions to the Commissioner
123	50	123	50	Petitions related to provisional applications
126	240	126	240	Submission of Information Disclosure Stmt
581	40	581	40	Recording each patent assignment per property (times number of properties)
146	790	246	395	Filing a submission after final rejection (37 CFR 1.129(e))
148	790	248	395	For each additional invention to be examined (37 CFR 1.129(b))

Other fee (specify) _____

Other fee (specify) _____

SUBTOTAL (3) (\$) 650.00

* Reduced by Basic Filing Fee Paid

SUBMITTED BY				Complete (if applicable)	
Typed or Printed Name	William C. Fuess			Reg. Number	30,054
Signature	<i>William C. Fuess</i>	Date	5/09/03	Deposit Account User ID	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Please type a plus sign (+) inside this box → ☐

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	08/928,074
	Filing Date	09/11/97
	First Named Inventor	John O'Brien
	Group Art Unit	1647
	Examiner Name	Hayes, R.
Total Number of Pages in This Submission	Attorney Docket Number	24001

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Petition to revive (unintentional)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	FUESS & DAVIDENAS
Signature	<i>William C. Fuess</i> 30,054
Date	5/08/03

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: fax (703)308-6991			
Typed or printed name	Joseph Davidenas		
Signature	<i>Joseph Davidenas</i>	Date	5/09/03

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